

1 MMC Moses

Course Diagnosis/Prescription Report**Patient:** Jarvis, Charles

ID1: 02390485

ID2:

Home Phone: 718/537-6422

Work Phone:

Oncologist : MDButler , James

Course: 01

Intent: Curative w/chemo

Prescription last modified ndeb 07/07/2004

Status: NEW ,

Approved by jbutler 07/07/2004

Course Note:

| ID | Volume | Technique and Depth | Energy | Dose/ Frac | *No. Frac | Frac/ Wk | Total Dose | Comment |
|--------------------|-----------------------------|---------------------|--------|---------------|--------------|-------------|---------------|---------------------|
| L POST NECK #2 | L POST NECK #2 | LLAT 90% | 12E | 2.0000Gy | 15 | 5 | 30.0000Gy | calculate cord dose |
| OWER NECK | LOWER NECK | AP-PA plan | 6X | 2.0000Gy | 20 | 5 | 40.0000Gy | weight anteriorly |
| LOWER NECK #2 | LOWER NECK #2/CORD BLOCK | APPA plan | 6X | 2.0000Gy | 15 | 5 | 30.0000Gy | weight anteriorly |
| R POST NECK #2 | R POST NECK #2 | R LAT 90% | 12E | 2.0000Gy | 15 | 5 | 30.0000Gy | calculate cord dose |
| UPPER NECK | UPPER NECK | LATERALS plan | 6X | 2.0000Gy | 20 | 5 | 40.0000Gy | |
| UPPER NECK/CORD | UPPER NECK/CORD BLOCK #2 | LAT OPP plan | 6X | 2.0000Gy | 15 | 5 | 30.0000Gy | |

Diagnosis Attached to this Course

| Diagnosis type | Diagnosis code and Description | Tstage | Nstage | Mstage | Summary stage | Histology code and Description |
|----------------|---|--------|--------|--------|---------------|--------------------------------|
| Primary | 147.8 , OTHER SPECIFIED SITES OF NASOPHARYN | (None) | (None) | (None) | *TBD | |

Physician Signature: _____

Date: _____

* Calculation: No. Frac = TotalDose / DoseperFrac